|  |
| --- |
| LEGAL LAST NAME FIRST NAME MI   |
| BIRTHDATE  | LAST 4 SSN DIGITS  |
| EMPLOYER: The University of Kansas Health System [ ]  candidate [ ]  volunteer[ ]  The University of Kansas Physicians (UKP)[ ]  The University of Kansas Medical Center (KUMC) [ ]  KUMC GME (Resident/Fellow) |

I hereby give permission to The University of Kansas Health System Occupational Health Clinic to provide the following work-related services below:

1. Physical examination and/or Fitness for duty examination
2. Medical History review
3. Initial, periodic, and/or annual tuberculosis (TB) surveillance and testing as well as additional follow-up care and testing as recommended and/or required by Occupational Health, the Centers for Disease Control and Prevention (CDC), and Kansas Department of Health and Environment (KDHE).
4. Immunizations, Immunity, and/or positive protection from vaccine preventable diseases
5. Blood collection for laboratory testing
6. Respirator Questionnaire, Medical Evaluation, and fit testing (as applicable)
7. Periodic and/or Annual health assessments
8. Other healthcare services as deemed professionally necessary

**Candidate Electronic Signature**  TODAY’S DATEClick or tap to enter a date.

Occupational Health Reviewer Name (Print)

Occupational Health Reviewer Signature Date